

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2569NTC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/23/2010
NAME OF PROVIDER OR SUPPLIER CENTER FOR BEHAVIORAL HEALTH LV-DESERT INN			STREET ADDRESS, CITY, STATE, ZIP CODE 3050 E DESERT INN RD SUITE 116 LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 00	INITIAL COMMENTS This Statement of Deficiencies was generated as the result of a State Licensure survey conducted at your facility on 12/23/10. The State Licensure survey was conducted in accordance with Chapter 449, Facilities for Treatment with Narcotics; Medication Units. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	N 00			
N169 SS=A	449.1548(4) OPERATIONAL REQUIREMENTS In addition to all other requirements set forth in NAC 449.154 to 449.15485, inclusive, each facility for treatment with narcotics and each medication unit shall: 4. Be in full compliance with all applicable provisions of 42 C.F.R. Part 8, all other applicable federal laws and regulations and all other requirements of the SAMHSA and the DEA. This Regulation is not met as evidenced by: 42 Code of Federal Regulations 8.12 Federal opioid treatment standards (2) Initial medical examination services. OTPs shall require each patient to undergo a complete, fully documented physical evaluation by a	N169			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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N169	<p>Continued From page 1</p> <p>program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician, before admission to the OTP. The full medical examination, including the results of serology and other tests, must be completed within 14 days following admission.</p> <p>(2) Treatment program decisions on dispensing opioid treatment medications to patients for unsupervised use beyond that set forth in paragraph (i)(1) of this section, shall be determined by the medical director. In determining which patients may be permitted unsupervised use, the medical director shall consider the following take-home criteria in determining whether a patient is responsible in handling opioid drugs for unsupervised use.</p> <p>(i) Absence of recent abuse of drugs (opioid or nonnarcotic), including alcohol;</p> <p>(ii) Regularity of clinic attendance;</p> <p>(iii) Absence of serious behavioral problems at the clinic;</p> <p>(iv) Absence of known recent criminal activity, e.g., drug dealing;</p> <p>(v) Stability of the patient's home environment and social relationships;</p> <p>(vi) Length of time in comprehensive maintenance treatment;</p> <p>(vii) Assurance that take-home medication can be safely stored within the patient's home; and</p> <p>(viii) Whether the rehabilitative benefit the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion.</p> <p>(3) Such determinations and the basis for such determinations consistent with the criteria outlined in paragraph (i)(2) of this section shall be documented in the patient's medical record. If it is determined that a patient is responsible in</p>	N169			

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N169	Continued From page 2 handling opioid drugs, the following restrictions apply: Based on record review and interview on 12/23/10, the facility was not in compliance with 42 Code of Federal Regulations (CFR), Part 8.12 by not ensuring that 1 of 25 clients had all medical tests completed within 14 days following admission (Client #12 was admitted to the program 7/13/10 and a syphilis test was not conducted until 10/6/10) and by allowing 1 of 25 clients more take home methadone than was documented (Client #23). Severity: 1 Scope: 1	N169			
N174 SS=D	449.1548(9) OPERATIONAL REQUIREMENTS In addition to all other requirements set forth in NAC 449.154 to 449.15485, inclusive, each facility for treatment with narcotics and each medication unit shall: 9. Develop and maintain a system to ensure that prospective and existing clients are not receiving narcotics from any other facility for treatment with narcotics or any other medication unit. This Regulation is not met as evidenced by: Based on record review on 12/23/10, the center did not follow a system to ensure that 2 of 25 prospective clients were not receiving narcotics from any other narcotic treatment center (Client #7 and #13). Severity: 2 Scope: 1	N174			

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